



Module C Member File Review



A separate form must be filled out for each member file reviewed

Date Reviewed:

State Commission (GFBCI) Staff Completing Review:

Member Name:

Social Security Number:

	YES	NO	List Document/Recommendation
Member Application			
Is the application complete?			
Are references on file?			
Member Enrollment Form			
Is it signed and dated by member?			
Is it signed and dated by supervisor?			
Proof of Age			
Is there a copy of a birth certificate or government id that documents member birth date?			
Documentation of citizenship/naturalization/resident alien status			
Primary documentation of status as a US citizen: Type of documentation OR Primary documentation of status as a lawful permanent resident of the US: Type of Documentation <i>If no documentation has been provided, has the program obtained written approval from the Corporation that other documentation is sufficient to demonstrate the individual's status as a US citizen, US national, or lawful permanent resident alien? IF YES, Copy of letter MUST be attached.</i>			
Level of Education			
Date of High School Diploma or GED			

The Governor's Office of Faith-Based and Community Initiatives

If no high school diploma or GED, what documents are maintained on file by sub-grantee. <i>Describe.</i>			
Criminal Background Check			
Background check conducted?			Date Submitted:
Member W-4 Form on File?			
Reasonable Accommodations Documentation (if applicable)			
Incident Reports (attach if any completed)			
Nature of Incident			
Action Taken			
Is the Member confidentiality/informed consent form signed/dated and in the file?			
If the member is under the age of 18 has the form been signed by a parent/legal guardian?			
Does file contain member discipline documentation?			
If yes, describe the action taken.			
Is the living allowance documented in the members file?			
Is the emergency notification form completed and in the file?			
Does the member file contain a signed and dated copy of the programs standard member contract (reviewed in Module B)?			
Signed by the member			
Signed by the supervisor			
Full Time State AmeriCorps Members Only:			
Health Care			Election____/Decline____
Child Care			Election____/Decline____
Member's Performance Evaluation			
Has a mid-year performance evaluation been completed utilizing the program's standard performance evaluation tool?			
Has a year-end performance evaluation been completed utilizing the program's standard performance evaluation tool?			

The Governor's Office of Faith-Based and Community Initiatives

Service Logs	YES	NO	Note/Recommendation
Time sheet signed by member and authorized program official?			
WBRS time log corresponds with member file?			
All service logs filed to date with correct hours?			
Service Log tracks direct and indirect (training) service separately?			
Service Log tracks direct service by activity and location?			
Service Logs does not count sick/personal leave toward service requirements and lists allowable activities?			
First Service Log coincides with enrollment date.			
Service Logs confirm member received training early in term.			

Other Standard Forms Included by Program:

Recommendations/Action Items: